

HEALTH CARE FACILITIES CONSTRUCTION

ISSUE

Disparities in health status are affected by access to health services. Health care services are constrained by the condition of existing Indian Health Service (IHS) and Tribal health care facilities and the need for expansion or replacement of many buildings.

BACKGROUND

Indian health care services are provided in over 600 IHS and Tribal health care facilities scattered throughout 35 states, mostly in rural and isolated areas. Total space is over 1.6 million square meters, of which the government owns 62% and the Tribes 38%. Additionally, to support health care services in remote locations, the IHS operates over 2000 quarters units. For most Indian people, IHS-supported programs are the only source of health care. No alternative sources of medical care are available in many cases.



SITUATION

Many facilities are severely overcrowded, in part because existing facilities need to proportionately expand space to house the additional staff required to meet the increased health service needs. The average age of IHS facilities is 35 years. Consequently, when a facility is replaced, the new one typically will be three times larger than the old one. This expansion provides space for some new services, but much of it is to accommodate existing staff and programs. At the current rate of overall annual Indian user population increases, the need for health program space significantly outpaces the space that is being replaced.

The IHS does not have sufficient resources to address ongoing operation and maintenance needs, and deficiencies not addressed are added to the maintenance backlog each year. This backlog (IHS and Tribal) is increasing and approaching \$500 million. Reliability of aged building equipment becomes severely compromised, and the potential consequences are compounded by the isolated, rural settings of most facilities. In terms of medical equipment and building and systems equipment, the IHS and Tribal health programs have not been able to keep pace with the drastic changes in medical practices over the years. Medical and laboratory equipment, which has an average useful life of 6 years, generally is used at least twice that long in Indian health care facilities.

OPTIONS/PLANS

- Construction of health care facilities has been identified as a current services need for the IHS because health care facilities are necessary for providing access to health care services.
- The IHS is developing new ways to meet space needs, including cooperative ventures with Tribes and others. The IHS provides technical support for Tribes that are seeking alternative (non-IHS) funding to build or expand health facilities.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.

This issue summary should be used in conjunction with the IHS "Heritage and Health" and "IHS Profile" documents, available at <http://info.ihs.gov>

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